TL3307-2

FP PROGRAMME IN PROVINCE OF EAST TIMOR

In carrying out FP activities at the national level, there are 5 components :

1) Communication, Information and Education
2) Contraception Services
3) Development of Community Institution
4) Integration of FP with other programmes
5) Development and education of FP.

The proportion and intensity of activities are classified into 5 phases. Each phase is classified on the basis of criteria, among others, prevalence rates.

The areas which have been able to reach the 5th phase are assumed that all components and support have been developed properly. Since the programme has been implemented for some years (1976), in East Timor province, it has reached the first phase only.

Phase I

CIE activities are generally carried out by programme officer/ Manager at sub-district level and further directed to approach community/ religious leaders as in-between targets in order to create a favourable climate for the National programme of FP. Mass media plays an important role in forming public opinions.

The message conveyed generally does not contradict with the norms and values adopted by the community.

Persuasions are further directed towards the use of one of the contraseptives by clearly showing the consequences and risks of frequent pregnancies and deliviries.

The acontraception services in FP clinics are provided to the clinic neighbouring areas the areas which can be easily reached. The TKBK* services are still intermitten.

In this phase, the development of community institution at

* TKBK = Mobile FP Team.

provincial, regency/municipatily and sub-district levels must be ready, both the operation and support elements.

All villages are expected to have PPKBD*, and some areas have expanded sub PPKBD. The activities of the TKBK are further directed towards CIE activities and contraception services.

In this phase, orientation activities are conducted for formal/ informal leaders.

In order to strengthen and develop the operation management, it is necessary to strengthen agreements through meetings of coordination. In this phase coordination meetings are hald at subdistrict level only.

For this phase, the integration programme has been mentioned and integrated with CIE activities, namely in motivating the community in order to accept the integration services in the future.

In this phase the FP education is not significant yet. In this phase, prioroties are given to orientation activities for community leaders, both formal and non-formal at sub-district level.

In assessing FP programmes, a method of programme assessment is developed woth various indicators of input, process, and output.

I. The input indicator consists of the folowing data :

1) Unit cost per eligible couple and unit cost per target of current users.

per eligible couple : East Timor = Rp. 6.850.-
National average = Rp. 3.162.-

per current user : East Timor = Rp. 36.328.-
National average = Rp. 7.460.-

2) Filling the structural positions.

East Timor = 12,4%
National average = 54,17%

3) Number of FP field officers in rural areas (PLKB) and FP field officers (PLKB) per eligible copuple.

PLKB per village : East Timor = 13,34%
National average = 25,12%

* PPKBD = Village FP Post

PLKB per eligible couple : East Timor = 73,03%
Average = 52,61%

4) FP Clinic per 1,000 eligible couples.

East Timor = 31%
Average = 47,51%

II. Process indicator.

a) Percentage of reports received.

East Timor = 55,42%
Average = 82,67%

b) Realization of coordination meeting on FP.

East Timor : per sub-district = 4,18%
per village = 0,82%
Average : per sub-district = 10,3%
per village = 2,78%

c) Realization of activities of Mobile FP Team (TKBK).

East Timor = 58,98%
Average = 56.97%

d) Realization of activities of PLKB (PLKB = FP field officer).

1. House visit : East Timor = 38,87%
Average = 430,00%

2) Visit to PPKBD (PPKBD = village FP Post).

East Timor = 14,8%
Average = 77,12%

3) Visit to group of acceptor.

East Timor = 7,85%
Average = 62,29%

4) Visit to community leader.

East Timor = 14,41%
Average = 55,62%

e) Realization of activities of PLKBD.

1) Internal meeting

East Timor Timur = 7,78%
Average = 28,67%

2) External meeting.

East Timor = 6,57%

Average = 27,10%

3) Visit to community leader

East Timor = 16,49%

Average = 58,56%

III. The output indicator consists of :

1) Number of FP acceptor targets achieved.

East Timor = 22%

Average = 65,4%

2) Mix contraceptive IUD, surgery (sterilization) and implant of new FP acceptors.

East Timor = 6,9%

Average = 25,5%

3) Number of current users targets achieved.

East Timor = 40,4%

Average = 85,1%

4) Prevalence rate of eligible couple.

East Timor = 7,6%

Average = 56,0%

5) Increase in achievement of mix contraceptive IUD and sterilization of active FP acceptors compared to the achievement of last year.

East Timor = 13%

Average = 27%

6) Level of willingness to become FP acceptor.

East Timor = 67,2%

Average = 74,4%

7) Level of distribution for prevalence achievement among regencies/municipaties in each province.

East Timor = 94,5%

Average = 79,5%

8) Coverage of FP Nutrition Integration programme.

East Timor	= 68,8%
Average	= 58%

9) Institutionalization at rurat level (PPKBD = village FP Post).

East Timor	= 50%
Average	= 100%

10) Institutionalization of sub PPKBD/50 eligible couples.

East Timor	= 0,3%
Average	= 23,6%

11) Role of the PPKBD and sub PPKBD in distributing contraceptives to FP acceptors.

East Timor	= 9,8%
Average	= 82,5%

According to FP Clinic feedback report (National) per April 1986, for East Timor province are :

* Eligible Couples : 80,132
* Current user : 7,742 (55,3%); target : 14,000.
* Mix Contraceptives :

IUD	= 740
Pill	= 2,236
Condom	= 118
Depo-provera	= 4,436
Implant	= 94
Others	= 118

but cf. p 4 'sterilization' where?

Area	: 14,619 km²	Population (1983)	= 555.350
Regency	: 13	Elementary school	= 368 Teacher = 1.686
Sub district	: 61	Student	= 71.300
Hospital	: 3	Yunior High School	= 21, Teacher = 203
Medical doctors	: 31	Student	= 3.782
Community Health Center	: 43	Senior High School	= -

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